

JACKSON (C.Q.)

A Satisfactory tongue
depressor.





Jackson (C.R.)

A Satisfactory Tongue Depressor.

By CHEVALIER Q. JACKSON, M.D.,

PITTSBURG, PA.

Reprinted from the MEDICAL RECORD, May 7, 1892.

THE instrument to whose manipulation the hand has become habituated is the one that seems most perfect. If laid aside and another used for awhile, the first then seems awkward. Yet to depend on practice to gain skill with an instrument of defective construction is a mistake. The writer has more than once succeeded in getting a good view of the naso-pharynx in the rhinal mirror where others had failed—and he got it, not by superior skill, but by the use of a superior tongue depressor.

Nothing could be more awkward than many of the instruments sold under the name.

The requirements of a good tongue depressor are these: It should be simple, light, aseptic, comfortable for patient and operator. It should be of such construction that with it the tongue may be not only depressed, but drawn forward away from the posterior pharyngeal wall, thus to a great extent preventing retching. It ought to be narrow enough in the blade to go down between the two sides of the arch of the inferior maxilla without touching the alveolar process, and yet not so narrow as to slip sidewise when held by a patient with an obstreperous tongue, nor allow the lingual margins to curl up.

An ordinary spoon- or silver fork-handle, or a paper-

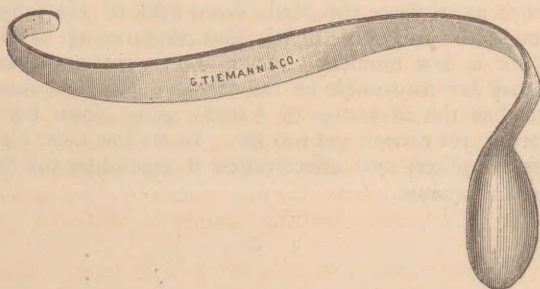


knife answers some of these requirements ; and for simple inspection of the fauces at the patient's house they have the advantage, especially in infectious cases, of avoiding the necessity of either troublesome cleansing or carrying home an infected instrument. But both a spoon and a paper-knife are out of the question in posterior rhinoscopy. Türck's depressor comes nearer than others to fulfilling all requirements, especially where the patient himself is called upon to hold it. But this is a clumsily constructed instrument. As ordinarily sold it is heavy ; the blade is too wide to go down between the alveolar processes of the lower jaw without touching ; the portion of the instrument coming out over the teeth is thick and too highly arched ; the corrugations on the under surface of the blade collect infective material, and even with their aid the instrument will not draw the tongue as far forward as is desirable. The handle being made of horn or hard rubber, the instrument is soon damaged by immersion in boiling water. (This latter objection the Messrs. Tiemann tell me they overcome by "vulcanizing on" the hard rubber, insuring against separation of the handle.)

Of the other tongue spatulæ, those with hinges cannot be readily made either æsthetically or aseptically clean, and are not easily held by the patient. A hinge is no advantage anyway, for no practitioner who thinks anything of his patients, himself, or his family will carry about his person a tongue depressor—least of all one with a hinge wherein to collect infection. Instruments made entirely of hard rubber are distorted by immersion in boiling water, also by dry heat ; and chemical sterilization is in any case unsatisfactory. In nose and throat work it is impossible to be thoroughly aseptic in our manipulations, but our instruments ought to be such that we are able to prevent the conveyance of infectious material from one patient to another. Twice the writer has examined at his office acute throat cases that proved to be incipient diphtheria. Had he not used a depressor

the sterilization of which he could be certain he would have felt it his duty to destroy the instrument.

The general outline of this new instrument is seen in the cut. It is smoothly made of a single piece of steel, nickel plated; it is light, simple, and readily sterilized by immersion in boiling water. It has a sufficiently narrow blade, not roughened, but deeply concaved beneath, thus holding the moist tongue by atmospheric pressure that attaches it so tightly that the tongue may be drawn forward away from the posterior pharyngeal wall, thus to a great extent preventing retching. (In very sensitive



fauces, slightly warming is a further preventive.) The portion of the instrument coming from the blade out over the teeth is thin and flat, and deviates to the right corner of the patient's mouth; thence it curves downward, forming a long handle well curved up into a hook below, to prevent the patient's hand slipping. After the operator has placed a depressor in position, the patient can depress his own tongue better than the operator can do it for him. For this way this new instrument is superior to all others (about twenty different patterns) tried by the writer. In position, it is easily held by the patient, and lies very flat and out of the operator's way, giving the maximum of available working space. For posterior rhinoscopy it is very satisfactory, as it draws the tongue forward, thus en-

larging the oro-pharyngeal space. For this the patient is directed to push slightly forward on the handle.

The instrument is made in two sizes, the larger one for general use, the smaller for the small mouths of many women and most children. Those who do much nose and throat work will need both sizes. The smaller instrument the writer has found to be a constant necessity; but it will not do for large tongues. The average depressor to be had in the shops is worse than useless in children, on account of its wide blade.

The writer once had a patient with a roomy pharyngeal space draw downward on a Türk spatula in such a manner as to force the blade down back of the tongue, jamming the epiglottis tightly shut, threatening suffocation for a few moments. Such things are unpleasant, but they are impossible in the just-described depressor, which has the advantage of a shank going down behind the teeth, yet cannot get too far. In its low cost, cleanliness, simplicity and effectiveness it resembles the Sims vaginal speculum.

